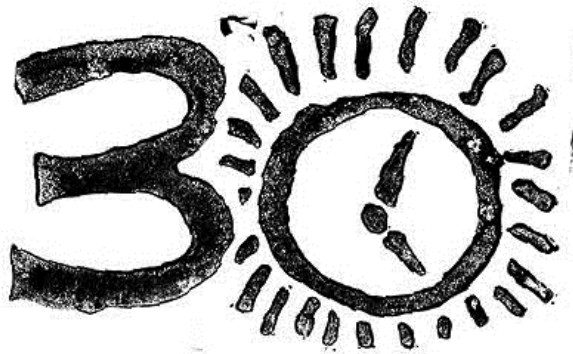


World Vision's



HOUR FAMINE



grades 6 – 12
february 24 – 25
youth house

what to bring:

sleeping bag, pillow, swim suit, towel, gym clothes, another change of clothes & toiletries (soap, toothbrush, etc.)

how it works:

1. Between now and when the famine starts, you collect donations (at least \$30) from friends, family, neighbors, and anyone else you can think of who wants to provide food, medicine, and other necessities for needy kids around the world. Pick up the materials you'll need from the Youth Ministry.
2. You stop eating at 1:00_{pm} on Friday, Feb. 24th and come to the Milan Vineyard **Youth House** at **7:00 p.m.** to spend the last 24 hours together with other students for support, fun, learning, and God stuff.
3. We'll break the fast with a potluck at 7:00 p.m. on Saturday. Families are invited to the potluck. Parents, please indicate what you can bring on the permission slip.

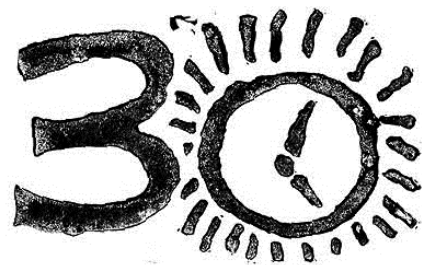
questions?

Call Jon Bartholomay @ (734) 730-1687. Also, check out the websites: www.milanvineyard.org/youth & www.30hourfamine.org.





permission slip



HOUR FAMINE

friday, **feb 24th** to saturday, **feb 25th**
@ Vineyard Church of Milan

Please turn this form in a week before the event. If unable to do so, bring it with you to the event.

30 Hr Famine 2012

name male
 female

address

phone birthday / / t-shirt size

permission to participate, release of liability, and medical release

I (we) _____, parent(s)/guardian(s) of _____, give permission for the above named child to participate in any activities or trips conducted by the vineyard youth ministry, its staff, or representatives in 2012. I release Vineyard Church of Milan, the staff and sponsors from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I authorize the church staff or sponsors to consent to any emergency medical treatment such as: X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, dentist or other medical professional (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

emergency contact phone number _____

signed _____ date _____

For the **Potluck on Saturday @ 7PM**, I can bring: _____ (drinks provided)
 (main dish, side, or dessert – indicate one)

Number coming to Potluck from my family: _____